

www.guirguistax.com-Phone: (516) 422-1118.Fax: (516)387-1194 Email:info@guirguistax.com

Tax Organizer

Please print and fill in the requirement information. Please provide complete and accurate information

> Personal Information

1-First name	M.I.	Last name				Are you □ YES	U.S. citizen □ NC	
)
Your Social security number or Tax I	D number							
	Diluinoei							
2-Spouse's first name	M.I.	Last name				Is your spin \Box YES	ouse a U.S □ NC	
Your spouse's Social security number	r or Tax ID n	umber						
3-Mailing address	Apt#	City	State	ZIP	code	County		address
								□ NO
							Country	y.
4 Talanhana numbara(a)			Email a	ddmaaa				
4-Telephone numbers(s)			Eman a	uuress				
5- Your Date of Birth	6-Occupat	tion				ear were yo me student	u □ YES	□ NO
						ed or blind	\square YES	□ NO □ NO
					10 7			
8- Your spouse's Date of Birth	9-Your spouse's Occupation 10-Last year were your spouse * Full time student YES NO							
						ed or blind	☐ YES	
Eiling Status (As of	Daaan kan	21 . 61						
➢ Filing Status (As of A Single	December	<u>31 of last</u>	<u>year</u>)					
Married								
Married filing separately	Sp	ouse's Soci	al Securi	ty Nui	nber: .			
Head of household								
Qualified widow(er)	Ye	ar of spous	e's death					

Year of spouse's death....



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> **Dependents**

Name	DOB	SSN#	Relationship	Months at home	Student	U.S. citizen

➤ Income

YES	NO	Last year, did you or your spouse RECEIVE?
		1. Wages or Salary? (Form W-2) If yes, how many jobs did you have last year
		2. Tip Income (not reported)? How much \$
		3. Scholarships? (Forms W-2, 1098-T)
		4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV) How many forms(s)
		5. Refund of state/local income taxes? (Form 1099-G)
-		6. Alimony income (received)? How much \$
-		7. Self-Employment income? (Form 1099-MISC, cash)
		8. Cash/check payments for any work performed not reported on Forms W-2 or 1099? How much \$
		9. Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S,1099-B)
		10 Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
		11. Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R)
		12. Unemployment compensation? (Form 1099-G)
		13. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
		14. Income (or loss) from Rental Property?
		15. Other income? (Gambling, lottery, prizes, awards, jury duty, Sch K1, etc.) (Forms W-2G) Specify

> Expenses

,		
YES	NO	Last year, did you or your spouse PAY?
		1. Alimony? If yes, what is the recipient's SSN

1. Alimony? If yes, what is the recipient's SSN
2. Contributions to a retirement account? How much \$ Account type
3. Post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
4. Unreimbursed employee business expenses? (such as uniforms or mileage)
5. Medical expenses? (including health insurance premiums)
6. Home mortgage interest? (Form 1098)
7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
8. Charitable contributions How much \$ To who
9. Child or dependent care expenses such as daycare?
10. Expenses related to self-employment income or any other income you received?



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> Others

YES	NO	Last year, did you or your spouse?					
		1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA)					
		2. Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)					
		3. Have Earned Income Credit (EIC) disallowed in a prior year? Which tax year?					
		4. Purchase and install energy-efficient home items? (windows, furnace, insulation, etc.)					
		5. Receive the First Time Homebuyers Credit in 2008?					
		6. Pay any student loan interest? (Form 1098-E)					
		7. Make estimated tax payments or apply last year's refund to this year's tax? If so how much? \$					
		8. File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D? How much \$					

> Additional Information (for direct deposit)

Bank Name:	
Name on the account:	
Bank routing number:	
Bank account number	 OChecking OSaving

Please review all information for accuracy before submitting, initial and upload it to our secure upload portal

Thank you for your business!

Initial here: